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**STATE OF UTAH
DEPARTMENT OF HEALTH**

R U L E C O V E R S H E E T

Rule Subject: Communicable Disease Rule

Updated as of October 1, 1999

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R386. Health, Community Health Services, Epidemiology.

R386-702. Communicable Disease Rule.

R386-702-1. Purpose Statement.

(1) The Communicable Disease Rule is adopted under authority of Sections 26-1-30 and 26-6-3.

(2) This rule outlines a multidisciplinary approach to communicable and infectious disease control and emphasizes reporting, surveillance, isolation, treatment and epidemiological investigation. Reporting requirements are specified for communicable and infectious diseases, outbreaks, and unusual prevalence of any disease. Each section has been adopted with the intent of reducing disease morbidity and mortality through the rapid implementation of established practices and procedures.

(3) Communicable disease epidemiology serves as an ideal model for preventive medicine. Epidemics are rare and early loss of life due to infectious agents has been dramatically reduced. Continual cooperation among all health care providers will maintain and improve the health of the citizens of Utah.

R386-702-2. Reportable Diseases.

(1) The Utah Department of Health declares the following diseases to be of concern to the public health. Each confirmed or suspected case shall be reported to the Bureau of Epidemiology, Utah Department of Health or to the local health department. Upon receipt of a report, the local health department shall forward a written or electronic copy of the report to the Bureau of Epidemiology, Utah Department of Health.

- (a) Acquired Immunodeficiency Syndrome
- (b) Amebiasis
- (c) Anthrax
- (d) Botulism
- (e) Brucellosis
- (f) Campylobacteriosis
- (g) Chancroid
- (h) Chickenpox
- (i) Chlamydia trachomatis
- (j) Cholera
- (k) Coccidioidomycosis
- (l) Colorado tick fever
- (m) Creutzfeldt-Jakob disease
- (n) Cryptosporidiosis
- (o) Cyclospora infection
- (p) Diphtheria
- (q) Echinococcosis
- (r) Ehrlichiosis, human granulocytic and human monocytic
- (s) Encephalitis: primary, post-infectious, arthropod-borne and unspecified
- (t) Enterococcal infection, vancomycin-resistant
- (u) Escherichia coli O157:H7
- (v) Giardiasis
- (w) Gonorrhea: sexually transmitted and ophthalmia neonatorum

- (x) Haemophilus influenzae, invasive disease
- (y) Hansen Disease (Leprosy)
- (z) Hantavirus infections and pulmonary syndrome
- (aa) Hemolytic Uremic Syndrome, postdiarrheal
- (bb) Hepatitis A
- (cc) Hepatitis B, cases and carriers
- (dd) Hepatitis, other viral: type C, and non-A non-B
- (ee) Human Immunodeficiency Virus Infection. Reporting requirements are listed in R388-803.
- (ff) Influenza, laboratory confirmed
- (gg) Kawasaki syndrome
- (hh) Legionellosis
- (ii) Listeriosis
- (jj) Lyme Disease
- (kk) Malaria
- (ll) Measles
- (mm) Meningitis, aseptic and bacterial (specify etiology)
- (nn) Meningococcal Disease, invasive
- (oo) Mumps
- (pp) Pelvic Inflammatory Disease
- (qq) Pertussis
- (rr) Plague
- (ss) Poliomyelitis, paralytic
- (tt) Psittacosis
- (uu) Q Fever
- (vv) Rabies, human and animal
- (ww) Relapsing fever, tick-borne and louse-borne
- (xx) Reye syndrome
- (yy) Rheumatic fever
- (zz) Rocky Mountain spotted fever
- (aaa) Rubella
- (bbb) Rubella, congenital syndrome
- (ccc) Salmonellosis
- (ddd) Shigellosis
- (eee) Staphylococcal diseases, all outbreaks and Staphylococcus aureus with resistance or intermediate resistance to vancomycin or resistance to methicillin isolated from any site
- (fff) Streptococcal Disease, invasive, Group A, isolated from a normally sterile site
- (ggg) Streptococcal Toxic-Shock Syndrome
- (hhh) Streptococcus pneumoniae, drug-resistant invasive disease, isolated from a normally sterile site
- (iii) Syphilis, all stages and congenital
- (jjj) Tetanus
- (kkk) Toxic-Shock Syndrome
- (lll) Trichinosis
- (mmm) Tuberculosis. Special Measures for the Control of Tuberculosis are listed in

R388-804.

(nnn) Tularemia

(ooo) Typhoid, cases and carriers

(ppp) Yellow fever

(qqq) Any sudden or extraordinary occurrence of infectious or communicable disease is also reportable. Any disease occurrence, pattern of cases, suspect cases, or increased incidence of any illness which may indicate an outbreak, epidemic or related public health hazard, including but not limited to suspected or confirmed outbreaks of foodborne or waterborne disease, newly recognized or re-emergent diseases or disease producing agents, shall be reported immediately by telephone to the Bureau of Epidemiology, Utah Department of Health, 801-538-6191.

R386-702-3. Reporting.

(1) Case Report: Unless otherwise specified, the report of these diseases to the Bureau of Epidemiology, Utah Department of Health shall provide the following information: name, age, sex, address, date of onset, and all other information as prescribed by the Department. A standard report form has been adopted and is supplied to physicians and other reporting sources by the Department.

(2) Immediate Reports: Any outbreak or suspected outbreak shall be reported immediately by telephone. Cases and suspect cases of anthrax, botulism, cholera, diphtheria, measles, meningococcal disease, mumps, pertussis, plague, poliomyelitis, rabies, relapsing fever, rubella, tetanus, tuberculosis, typhoid, and yellow fever are to be made by telephone to the Bureau of Epidemiology, Utah Department of Health, 801-538-6191, or the local health department.

(3) Case Notification: Chickenpox, influenza, Staphylococcus aureus with resistance to methicillin and vancomycin resistant enterococcus are to be reported by number of cases only. These reports shall be made monthly.

(4) Mandatory Submission of Isolates: Laboratories shall submit all isolates of the following organisms to the Utah Department of Health, public health laboratory:

- (a) Bacillus anthracis;
- (b) Bordetella pertussis;
- (c) Campylobacter species;
- (d) Clostridium botulinum;
- (e) Corynebacterium diphtheriae;
- (f) Enterococcus, vancomycin-resistant;
- (g) Escherichia coli, enterohemorrhagic;
- (h) Francisella tularensis;
- (i) Haemophilus influenzae, from normally sterile sites;
- (j) Influenza, types A and B;
- (k) Legionella species;
- (l) Listeria monocytogenes;
- (m) Mycobacterium tuberculosis complex;
- (n) Neisseria gonorrhoeae;
- (o) Neisseria meningitidis, from normally sterile sites;
- (p) Salmonella species;

- (q) *Shigella* species;
 - (r) *Staphylococcus aureus* with resistance or intermediate resistance to vancomycin isolated from any site;
 - (s) *Vibrio cholera*;
 - (t) *Yersinia* species.
- (5) Occurrence of Unusual Diseases: Any unusual disease of public health importance, including newly identified multi-drug resistant bacteria, and any outbreak or undue prevalence of a disease, whether or not listed as reportable, shall also be promptly reported by telephone to the local health department or the Bureau of Epidemiology, Utah Department of Health.
- (6) Timing of Reports: All diseases not required to be reported by telephone or by number of cases shall be reported within seven calendar days from the time of identification. Reports are to be sent to the local health department or the Bureau of Epidemiology, 288 North 1460 West, P. O. Box 142104, Salt Lake City, Utah 84114-2104.
- (7) Individuals Required to Report Communicable Diseases: Section 26-6-6 lists those individuals and facilities required to report diseases known or suspected of being communicable. Physicians, hospitals, health care facilities, home health agencies, health maintenance organizations, and other health care providers shall report details regarding each case. Schools, child day care centers, and citizens shall provide any relevant information. Laboratories and other testing sites shall report laboratory evidence confirming any of the reportable diseases. Laboratories and other testing sites shall also report any test results which provide presumptive evidence of infection such as positive tests for syphilis, measles, and viral hepatitis.
- (8) Confidentiality of Reports: All reports required by this rule are confidential and are not open to public inspection. Nothing in this rule, however, precludes the discussion of case information with the attending physician or public health workers. All information collected pursuant to this rule may not be released or made public, except as provided by Section 26-6-27. Penalties for violation of confidentiality are prescribed in Section 26-6-29.

R386-702-4. General Measures for the Control of Communicable Diseases.

- (1) The local health department shall maintain all reportable disease records as needed to enforce Chapter 6 of the Health Code and this rule, or as requested by the Utah Department of Health.
- (2) General Control Measures for Reportable Diseases.
- (a) The local health department shall, when an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, contact the Bureau of Epidemiology, Utah Department of Health for assistance, and shall cooperate with the representatives of the Utah Department of Health.
- (b) The local health department shall investigate and control the causes of epidemic, infectious, communicable, and other disease affecting the public health. The local health department shall also provide for the detection, reporting, prevention, and control of communicable, infectious, and acute diseases which are dangerous or important or which may affect the public health. The local health department may require physical examination and measures to be performed as necessary to protect the health of others.
- (c) If, in the opinion of the local health officer it is necessary or advisable to protect the public's health that any person shall be kept from contact with the public, the local health officer shall establish, maintain and enforce involuntary treatment, isolation and quarantine as provided

by Section 26-6-4. Control measures shall be specific to the known or suspected disease agent. Guidance is available from the Bureau of Epidemiology, Utah Department of Health or official reference listed in R386-702-9(1)(a).

(3) Prevention of the Spread of Disease From a Case.

(a) The local health department shall take action and measures as may be necessary within the provisions of Section 26-6-4; Title 26, Chapter 6b; and this rule, to prevent the spread of any communicable disease, infectious agent, or any other condition which poses a public health hazard. Action shall be initiated upon discovery of a case or upon receipt of notification or report of any disease.

(4) Public Food Handlers.

(a) A person known to be infected with a communicable disease that can be transmitted by food, water, or milk, or is suspected of being infected with such a disease may not engage in the commercial handling of food, water, or other drink or be employed in a dairy or on any premises handling milk or milk products, until he is determined by the local health department to be free of communicable disease, or incapable of transmitting the infection.

(5) Communicable Diseases in Places Where Milk or Food Products are Handled or Processed.

(a) If a case, carrier, or suspected case of a disease which can be conveyed by milk or food products is found at any place where dairy products are handled or offered for sale, or if a disease is found or suspected to have been transmitted by these food products, the local health department may immediately prohibit the sale, or removal of milk and all other food products from the premises. Sale or distribution of milk or food products from the premise may be resumed when measures have been taken to eliminate the threat to health from the food and its processing as prescribed by R392-100.

(6) Request for State Assistance.

(a) If a local health department finds it is not able to completely comply with this rule, the local health officer or his representative shall request the assistance of the Utah Department of Health. In such circumstances, the local health department shall provide all required information to the Bureau of Epidemiology. If the local health officer fails to comply with the provisions of this rule, the Utah Department of Health shall take action necessary to enforce this rule.

(7) Approved Laboratories.

(a) Laboratory analyses which are necessary to identify the causative agents of reportable diseases or to determine adequacy of treatment of patients with a disease shall be ordered by the physician or other health care provider to be performed in or referred to a laboratory holding a valid certificate under the Clinical Laboratory Improvement Amendments of 1988.

R386-702-5. Special Measures for Control of Rabies.

(1) Rationale of Treatment.

(a) A physician must evaluate individually each exposure to possible rabies infection. The physician shall also consult with local or state public health officials if questions arise about the need for rabies prophylaxis.

(2) Management of Biting Animals.

(a) A healthy dog, cat, or ferret that bites a person shall be confined and observed for ten days from the date of bite as specified by local animal control ordinances. It is recommended

that rabies vaccine not be administered during the observation period. Such animals shall be evaluated by a veterinarian at the first sign of illness during confinement. A veterinarian or animal control officer shall immediately report any illness in the animal to the local health department. If signs suggestive of rabies develop, a veterinarian or animal control officer shall direct that the animal be euthanized, its head removed, and the head shipped under refrigeration, not frozen, for examination of the brain by a laboratory approved by the Utah Department of Health.

(b) If the dog, cat, or ferret shows no signs of rabies or illness during the ten day period, the veterinarian or animal control officer shall direct that the unvaccinated animal be vaccinated against rabies at the owner's expense before release to the owner. If a veterinarian is not available, the animal may be released, but the owner shall have the animal vaccinated within 72 hours of release.

(c) Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately by a veterinarian or animal control officer, if permitted by local ordinance, and the head submitted, as described in R386-702-5(2)(a), for rabies examination. If the brain is negative by fluorescent-antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.

(d) Wild animals include raccoons, skunks, coyotes, foxes, bats, the offspring of wild animals crossbred to domestic dogs and cats, and any other carnivorous animal.

(e) Signs of rabies in wild animals cannot be interpreted reliably. If a wild animal bites or scratches a person, the person or attending medical personnel shall notify an animal control or law enforcement officer. A veterinarian, animal control officer or representative of the Division of Wildlife Resources shall kill the animal at once, without unnecessary damage to the head, and submit the brain, as described in R386-702-5(2)(a), for examination for evidence of rabies. If the brain is negative by fluorescent-antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.

(f) Rabbits, opossums, squirrels, chipmunks, rats, and mice are rarely infected and their bites rarely, if ever, call for rabies prophylaxis and testing. Unusual exposures to any animal should be reported to the local health department or the Bureau of Epidemiology, Utah Department of Health.

(g) When rare, valuable, captive wild animals maintained in zoological parks approved by the United States Department of Agriculture or research institutions, as defined by Section 26-26-1, bite or scratch a human, the Bureau of Epidemiology, Utah Department of Health shall be notified. The provisions of subsection R386-702-5(2)(e) may be waived by the Bureau of Epidemiology, Utah Department of Health if zoological park operators or research institution managers can demonstrate that the following rabies control measures are established:

(i) Employees who work with the animal have received preexposure rabies immunization.

(ii) The person bitten by the animal voluntarily agrees to accept postexposure rabies immunization provided by the zoological park or research facility.

(iii) The director of the zoological park or research facility shall direct that the biting animal be held in complete quarantine for a minimum of 180 days. Quarantine requires that the animal be prohibited from direct contact with other animals or humans.

(h) Any animal bitten or scratched by a wild, carnivorous animal or a bat that is not available for testing shall be regarded as having been exposed to rabies.

(i) For maximum protection of the public health, unvaccinated dogs, cats, and ferrets bitten or scratched by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer. If the owner is unwilling to have the animal euthanized, the local health officer shall order that the animal be held in strict isolation in a municipal or county animal shelter or a veterinary medical facility approved by the local health department, at the owner's expense, for at least six months and vaccinated one month before being released. If any illness suggestive of rabies develops in the animal, the veterinarian or animal control officer shall immediately report the illness to the local health department and the veterinarian or animal control officer shall direct that the animal be euthanized and the head shall be handled as described in subsection R386-702-5(2)(a).

(j) Dogs, cats, and ferrets that are currently vaccinated and are bitten by rabid animals, shall be revaccinated immediately by a veterinarian and confined and observed by the animal's owner for 45 days. If any illness suggestive of rabies develops in the animal, the owner shall report immediately to the local health department and the animal shall be euthanized by a veterinarian or animal control officer and the head shall be handled as described in subsection R386-702-5(2)(a).

(k) Livestock exposed to a rabid animal and currently vaccinated with a vaccine approved by the United States Department of Agriculture for that species shall be revaccinated immediately by a veterinarian and observed by the owner for 45 days. Unvaccinated livestock shall be slaughtered immediately. If the owner is unwilling to have the animal slaughtered, the animal shall be kept under close observation by the owner for six months.

(l) Unvaccinated animals other than dogs, cats, ferrets, and livestock bitten by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer.

(3) Measures for Standardized Rabies Control Practices.

(a) Humans requiring either pre- or post-exposure rabies prophylaxis shall be treated in accordance with the recommendations of the U.S. Public Health Service Immunization Practices Advisory Committee, as adopted and incorporated by reference in R386-702-9(b). A copy of the recommendations shall be made available to licensed medical personnel, upon request to the Bureau of Epidemiology, Utah Department of Health.

(i) A physician or other health care provider that administers rabies vaccine shall immediately report all serious systemic neuroparalytic or anaphylactic reactions to rabies vaccine to the Bureau of Epidemiology, Utah Department of Health, 801-538-6191.

(b) The Compendium of Animal Rabies Control, 1999, Part II, is the reference document for animal vaccine use.

(c) A county, city, town, or other political subdivision that requires licensure of animals shall also require rabies vaccination as a prerequisite to obtaining a license.

(d) Animal rabies vaccinations are valid only if performed by or under the direction of a licensed veterinarian in accordance with the Compendium of Animal Rabies Control.

(e) All agencies and veterinarians administering vaccine shall document each vaccination on the National Association of State Public Health Veterinarians (NASPHV) form number 51, Rabies Vaccination Certificate, which can be obtained from vaccine manufacturers. The agency or veterinarian shall provide a copy of the report to the animal's owner. Computer-generated forms containing the same information are also acceptable.

(f) Animal rabies vaccines may be sold or otherwise provided only to licensed

veterinarians or veterinary biologic supply firms. Animal rabies vaccine may be purchased by the Utah Department of Health and the Utah Department of Agriculture.

(4) Measures to Prevent or Control Rabies Outbreaks.

(a) The most important single factor in preventing human rabies is the maintenance of high levels of immunity in the pet dog, cat, and ferret populations through vaccination. All dogs, cats, and ferrets in Utah should be immunized against rabies by a licensed veterinarian.

(b) If the Utah Department of Health finds that rabies is present in an area of the state and a quarantine is declared, the Utah Department of Health may require that all dogs, cats, and ferrets be vaccinated at three months of age. Unvaccinated animals are subject to confinement and possible destruction.

R386-702-6. Special Measures for Control of Typhoid.

(1) Because typhoid control measures depend largely on sanitary precautions and other health measures designed to protect the public, the local health department shall investigate each case of typhoid and strictly manage the infected individual according to the following outline:

(2) Cases: Enteric precautions are required during hospitalization. Hospital care is desirable during acute illness. Release of the patient from supervision by the local health department shall be based on not less than three negative cultures of feces, and urine in patients with schistosomiasis, taken at least 24 hours apart and at least 48 hours after any antibiotic, and not earlier than one month after onset. If any of these cultures is positive, repeat cultures at intervals of one month during the 12-month period following onset until at least three consecutive negative cultures are obtained. The patient shall be restricted from food handling and from providing patient care during the period of supervision by the local health department.

(3) Contacts: Administration of typhoid vaccine is required for all household members of known typhoid carriers. Household and close contacts shall not be employed in occupations likely to facilitate transmission of the disease, such as food handling, during the period of contact with the infected person until at least two negative feces and urine cultures, taken at least 24 hours apart, are obtained from each contact.

(4) Carriers: If a laboratory or physician identifies a carrier of typhoid, the details of the case shall be reported by the attending physician by telephone to the local health department or the Bureau of Epidemiology, Utah Department of Health, 801-538-6191, and each infected individual shall submit to the supervision of the local health department. Carriers are prohibited from food handling and patient care until released in accordance with R386-702-6-(4)(a) or R386-702-6(4)(b). All reports and orders of supervision shall be kept confidential and shall be released only as allowed by Subsection 26-6-27(2)(c).

(a) Convalescent Carriers: Any person who harbors typhoid bacilli for three but less than 12 months after onset is defined as a convalescent carrier. Release from occupational and food handling restrictions may be granted at any time from three to 12 months after onset, as specified in R386-702-6(6).

(b) Chronic Carriers: Any person who continues to excrete typhoid bacilli for more than 12 months after onset of typhoid is a chronic carrier. Any person who gives no history of having had typhoid or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli is also a chronic carrier.

(c) Other Carriers: If typhoid bacilli are isolated from surgically removed tissues, organs, including the gallbladder or kidney, or from draining lesions such as osteomyelitis, the attending

physician shall report the case to the local health department or the Bureau of Epidemiology, Utah Department of Health. If the person continues to excrete typhoid bacilli for more than 12 months, he is a chronic carrier and may be released after satisfying the criteria for chronic carriers in R386-702-6(6).

(5) Carrier Restrictions and Supervision: The local health department shall report all typhoid carriers to the Bureau of Epidemiology, and shall:

- (a) Require the necessary laboratory tests for release;
- (b) Issue written instructions to the carrier;
- (c) Supervise the carrier.

(6) Requirements for Release of Convalescent and Chronic Carriers: A convalescent or chronic carrier may be released from supervision and occupational and food handling restrictions by the local health officer or his representative. The local health officer or his representative may grant release from occupational and food handling restrictions only if one of the following conditions is satisfied:

(a) Three consecutive negative cultures of feces, and urine in patients with schistosomiasis, are obtained from fecal specimens taken at least one month apart and at least 48 hours after antibiotic therapy has stopped. The attending physician, hospital personnel, laboratory personnel, or local health department staff shall authenticate that the fecal specimens come from the known carrier.

(b) In the judgment of the local health officer or his representative, additional treatment such as cholecystectomy or nephrectomy has terminated the carrier state.

R386-702-7. Special Measures for the Control of Ophthalmia Neonatorum.

(1) Every physician or midwife practicing obstetrics or midwifery shall, within three hours of the birth of a child, instill or cause to be instilled in each eye of such newborn one percent silver nitrate solution contained in wax ampules, or tetracycline ophthalmic preparations or erythromycin ophthalmic preparations, as these are the only antibiotics of currently proven efficacy in preventing development of ophthalmia neonatorum. The value of irrigation of the eyes with normal saline or distilled water is unknown and not recommended.

R386-702-8. Penalties.

(1) Any person who violates any provision of R386-702 may be assessed a penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in Section 26-23-6.

R386-702-9. Official References.

(1) All treatment and management of individuals and animals who have or are suspected of having a communicable or infectious disease that must be reported pursuant to this rule shall comply with the following documents, which are adopted and incorporated by reference:

(a) American Public Health Association. "Control of Communicable Diseases Manual". 16th ed., Abram S. Benenson, editor, 1995.

(b) Centers for Disease Control. Recommendation of the Immunization Practices Advisory Committee (ACIP): Human rabies Prevention - United States, 1999. "Morbidity and Mortality Weekly Report." 1999; 48: RR-1, 1-21.

(c) The National Association of State Public Health Veterinarians, Inc. "Compendium of Animal Rabies Control, 1999, Part II."

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